Recovery Roadmap

Writing a strength-based integrated summary

PCRP values and builds on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. Tapping into these assets requires the creation of an "integrated summary" that is more than a simple retelling of the facts. It should reflect a holistic understanding of the individual and identify important information, themes and personalized treatment implications that may not be clear from assessment data alone.

The summary can be thought of as the conclusion, not the repetition of, the assessment data. After weaving together all the information gathered, how do you understand the individual and does this fit with his or her perspective? Arriving at some form of shared understanding promotes collaborative decision making and serves as the foundation for a quality person-centered plan.

A well-written summary helps both the individual and you to set the stage to prioritize the goals and needs as well as potential solutions to the barriers. It moves the practitioner's thinking beyond the ***"what"*** (the facts of what has happened in the person's life) to ***"why"*** (i.e., how you understand it based on both your clinical skills and the individual's input.)

KEY GUIDELINES TO WRITING AN INTEGRATED SUMMARY

IDENTITY

Consider age, culture, spirituality/religious affiliation, gender, sexual orientation, level of education, language, etc. Focus on how cultural preferences may impact recovery and/or treatment preferences.

EXPLANATION OF ILLNESS/PRESENTING ISSUES

Why is the person here, why now? Include the person's own understanding/perception and identify any differences that may exist in your understandings.

STAFF TRAINING EXERCISE

Where we are....
Where we need to go

- Select an existing integrated summary in one of your records.
- Read the summary and reflect on the kind of words and content the summary includes. What does it reflect?
- If you go back to the integrated summary guidelines, which categories can be found on yours? Which ones are you missing?
- Please rewrite the integrated summary adding any of the missing aspects.

STAGE OF CHANGE

Is there motivation for change in the areas of mental health, substance use and/or physical health? Does the team see the person's motivation for change as internally or externally motivated? If the person appears unmotivated or unable to make some changes, have you fully explored the reasons for this? Identify not only your impression of stage of change but your reason for the determination. Note that the inclusion of stage of change is not to label the individual or to limit his or her options, but to help inform the creation of a plan that truly meets the person where they are at in their own unique recovery process.

TAKE HOME MESSAGE

Data alone is not enough!

An integrated summary is the BRIDGE between the assessment and the plan.

BIOPSYCHOSOCIAL ENVIRONMENT

Consider medical illness and/or substance use, housing, employment, support system, acute/chronic stressors, etc. Consider both resources—which may be strengths—as well as barriers.

STRENGTHS, PREFERENCES AND PRIORITIES

The person's preferences for treatment: what are the individual's current expectations or reservations regarding treatment? Summarize relevant personal talents/interests/coping skills etc. as well as natural supports & community connections.

SUMMARY OF PRIORITY NEEDS/BARRIERS TO GOAL ATTAINMENT

Consider how symptoms or other factors/issues may be interfering with the pursuit of valued recovery goals. Rather than a simple listing of diagnoses or symptoms, focus on how these experiences impact the person's functioning on a day to day basis.

HYPOTHESIS

NOT a mere repetition of the data. Consider central themes, insights, and understandings. May be an opportunity to consider clarification of any diagnostic questions. Focus on how your understanding of perpetuating factors might influence treatment recommendations, e.g., would trauma experiences, family dynamics, substance use, or unresolved issues of grief and loss benefit from additional attention in the care plan?